



## REQUEST FOR INTEREST:

### Piloting PQA Pharmacy Measure Concepts in Payer-Pharmacy Value-Based Payment Models

#### 1. Overview

The Pharmacy Quality Alliance (PQA) is seeking interested pharmacy and payer partners to participate in proof-of-concept pilots to implement high priority blood pressure and hemoglobin A1c measure concepts in value-based payment arrangements (VBAs). These pilots, in the context of pharmacy-payer VBAs, are designed to advance pharmacy quality measurement and patient care by evaluating the impact of innovative pharmacy services, gaining a deeper understanding of measure concept feasibility, and assessing value to stakeholders.

Participating pharmacies will gain business opportunities related to the VBAs, and payers will gain the opportunity to partner with pharmacies to improve care delivered to their members, which can also enhance the health plan's performance on related A1c and blood pressure metrics for which they are accountable. Additionally, pilot participants will be highlighted as leaders in advancing pharmacy quality in project-related communications. Anticipated value to the various stakeholders is outlined in the table below.

Stakeholder	Value
<b>Community pharmacies</b>	<ul style="list-style-type: none"><li>• Opportunity to be one of the first community pharmacies in the country to engage in a VBA using innovative pharmacy measures assessing patient care services</li><li>• Access to standardized pharmacy measures that can be used in payer-pharmacy VBAs to assess A1c improvement, A1c control, blood pressure improvement, and blood pressure control</li><li>• Payment through payer-pharmacy VBAs, aligned with achieving performance targets on four pharmacy measures</li><li>• Potential to improve patient health and access to high-quality care by providing services to patients with diabetes and hypertension</li></ul>

Stakeholder	Value
	<ul style="list-style-type: none"> <li>• Demonstrate the importance of value-based payment models to support scale, spread and sustainability of innovative pharmacy services</li> </ul>
<b>Payers</b>	<ul style="list-style-type: none"> <li>• Access to pharmacy measures that can be used in payer-pharmacy VBAs to assess A1c improvement, A1c control, blood pressure improvement, and blood pressure control</li> <li>• Opportunities to partner with pharmacies to improve performance and close gaps in care, aligned with related health plan quality measures</li> <li>• Increase members' access to community-based diabetes and hypertension services through pharmacist-provided care</li> <li>• Opportunity for accurate and timely access to pharmacist-reported clinical endpoints for diabetes and hypertension</li> </ul>
<b>Patients</b>	<ul style="list-style-type: none"> <li>• Anticipated improvement of key outcomes like A1c and blood pressure control</li> <li>• Access to enhanced pharmacist-provided care and services provided by pharmacists at local community pharmacies</li> <li>• Better coordination of care between health care providers and health plan</li> </ul>
<b>PQA</b>	<ul style="list-style-type: none"> <li>• Deeper understanding of pharmacists' ability to collect and report clinical data in the community pharmacy setting</li> <li>• Critical insights regarding the current community pharmacy landscape to inform and support current and future pharmacy measure development</li> <li>• Evaluation of four pharmacy measure concepts to improve and refine draft measure specifications and support broad adoption and accurate implementation</li> </ul>

## 2. Disclaimer

PQA is issuing this request for interest (RFI) to gauge interest and willingness to participate in these pharmacy measure pilots. Response to this RFI does not guarantee acceptance or participation in this pilot program. Nothing in this RFI constitutes a legally binding contract of any kind between PQA and the responding entity, nor does the submission of a response to this RFI guarantee any entity the opportunity to participate in a value-based agreement or other arrangement of any kind in the future. Not responding to this RFI does not preclude participation in any future partnerships.

Please refer to section 6 for the information to include in your response. **Responses must be received by 11:59PM EST on April 8<sup>th</sup>, 2022.**

### 3. Background

With the ever-evolving healthcare landscape, payers and pharmacies are adapting to ensure patients continue to receive high quality care while also ensuring the sustainability of their businesses. As value-based payment arrangements (VBAs) continue to proliferate and take on increasing importance, solutions to measure the value of community pharmacy within the larger healthcare system are vital. Standardized pharmacy measures are a critical component of VBAs and will enable pharmacy performance to be assessed accurately with appropriate pharmacy attribution, value to payers including improved data access, and optimal care and increased access to services for patients.

In August 2021, PQA completed a one-year project, supported by the Community Pharmacy Foundation (CPF), which produced a prioritized, consensus list of pharmacy measure concepts suitable for use in pharmacy-payer VBAs. Among those measure concepts, A1c control and improvement and blood pressure control and improvement were highlighted as short-term priorities given their high level of feasibility and clinical importance. The next step towards standardized pharmacy performance measurement is to evaluate proof-of-concept pilots that use these high priority measure concepts in VBAs between pharmacies and payers.

#### *About PQA*

PQA is a national quality organization dedicated to improving medication safety, adherence, and appropriate use. A measure developer, researcher, educator and convener, PQA's quality initiatives support better medication use and high-quality care. PQA members include pharmacies, health plans, health care providers, pharmacy benefit managers, biopharmaceutical companies, technology vendors, government agencies, associations, health information technology organizations, researchers, accrediting organizations, academia.

This pilot opportunity is funded in part by a Community Pharmacy Foundation (CPF) grant.

#### 4. Project Description

This project will pilot four pharmacy measure concepts in pharmacy-payer VBAs:

1. Blood Pressure Control
2. Blood Pressure Improvement
3. A1c Control
4. A1c Improvement

All VBAs related to this pilot project must incorporate these four pharmacy measure concepts. However, the terms of contracting related to the VBAs (e.g., performance targets, payment structure) will be left to the discretion of participating pharmacy and payer partners. As such, PQA and other entities not involved in the VBA or contracting process shall not be privy to terms of contracting.

The measurement phase of this project will last 12 months to simulate a standard measurement year. PQA will provide measure specifications and related value sets through a no-cost license and will provide technical assistance related to measure calculation as needed. Partners will calculate each measure concept as specified by PQA and report data to PQA at baseline, midpoint, and end. If preferred, technology vendors may assist in data collection, reporting, and measure calculation. PQA will validate measure rates by receiving deidentified raw data from project participants and calculating the measure rates. PQA then will work with project partners to reconcile any discrepancies, to support accurate implementation. During the initial phase of the project, PQA will work with partners to execute a memorandum of understanding (MOU) that will describe the commitments of PQA and project participants, including secure data transfer, storage, and use.

PQA will seek input from participants regarding the measure concepts' feasibility, and best practices associated with collecting and reporting required data and calculating measure rates. This information may inform future refinements to measure specifications.

The results of this project, including lessons learned and best practices, will be disseminated to support scale, spread and sustainability of innovative pharmacy services supported by value-based payment models.

## 5. Project Timeline

The 12-month measurement period for this pilot project is scheduled to begin **August 2022**, following the RFI/selection and pharmacy-payer contracting phases. Prior to baseline data collection, PQA will onboard partners and execute MOUs that outline the commitments and roles and responsibilities of all partners.

Project Timeline																							
Project Month																							
Activity	2022												2023										
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
RFI/Recruitment																							
Partner selection																							
Execute MOU																							
VBA Contracting																							
Measurement																							
Project Closeout																							

## 6. Requested Information

Specific information is requested for *pharmacy* and *payer* submissions. Submitting pharmacies should provide all information outlined in 6.a and submitting payers should provide all information outlined in 6.b. Please answer each question in as much detail as possible to help PQA better understand your organization’s attributes and ability to deliver on the project.

### 6.a. PHARMACY

1. Submitter contact information including submitter name, organization, work address, phone, and email.
2. Type(s) (e.g., regional chain, independent) of pharmacy locations that would participate in the pilot, along with geographic region(s) covered.
3. Number of pharmacy locations that would participate in the pilot, along with geographic region(s) covered.
4. Name of payer organization(s) you plan to contract with for this project.

5. Describe your organization's experience with VBAs and your existing or potential relationship with the payer partner(s).
6. Optional: Upload letter(s) of support from your payer partner(s).
7. Description of currently used technology solutions and system capabilities for data collection, transfer, and reporting of all data needed for this project (please see Appendix A for payer and pharmacy data requirements), including data format (e.g., LOINC, free text).
  - Does your organization conduct these activities independently or with support from a technology vendor (e.g., clinical platform, Pharmacist eCare Plan vendor)? If supported by a technology vendor, will that support continue for this project?
8. CLIA waiver status.
9. Indicate your organization's confidence in adhering to the timelines described in section 4, with emphasis on your ability to execute a VBA contract by August 2022.
10. Do you currently have a VBA contract with your identified payer partner(s)?
  - If yes, will the VBA for this project be an addendum to your current contract, or will it require a new, separate contract?
11. Please provide the estimated time required from notification of selection for participation to executing a payer-pharmacy contract/addendum that reflects the requirements for this project.
12. Indicate your organization's willingness to share data required to validate measure calculations, including deidentified patient-level data, with PQA.
  - Data will be transferred and stored using secure, HIPAA-compliant tools and processes.
13. Affirmation that the submitter has their organization's support and commitment to participate in the pilot, if selected.

*6.b. PAYER*

1. Submitter contact information including submitter name, organization, work address, phone, and email.
2. Number of covered lives that would be included in the project (e.g., eligible members with diabetes and hypertension) and geographic region(s) covered.

3. Name(s) of pharmacy organization(s) you plan to contract with for this project.
4. Type(s) (e.g., regional chain, independent) of pharmacies you plan to contract with for this project.
5. Number of pharmacies you plan to contract with for this project, along with geographic region(s) covered.
6. Describe your organization's experience with VBAs and your existing or potential relationship with the pharmacy partner(s).
7. Optional: Upload letter(s) of support from your pharmacy partner(s).
8. Description of currently used technology solutions and system capabilities for data collection, transfer, and reporting of all data needed for this project (please see Appendix A for payer and pharmacy data requirements), including data format (e.g., LOINC, free text).
  - Does your organization conduct these activities independently or with support from a technology vendor? If supported by a technology vendor, will that support continue for this project?
9. Indicate your organization's confidence in adhering to the timelines described in section 4, with emphasis on your ability to execute a VBA contract by August 2022.
10. Do you currently have a VBA contract with your identified pharmacy partner(s)?
  - If yes, will the VBA for this project be an addendum to your current contract, or will it require a new, separate contract?
11. Please provide the estimated time required from notification of selection for participation to completing a payer-pharmacy contract/addendum that reflects the requirements for this project.
12. Indicate your organization's willingness to share data required to validate measure calculations, including deidentified patient-level data, with PQA.
  - Data will be transferred and stored using secure, HIPAA-compliant tools and processes.
13. Affirmation that the submitter has their organization's support and commitment to participate in the pilot, if selected.

## 7. Submission and Contact Information

Please submit your response via the online form:

- Interested PAYERS: Please submit your information [here](#).
- Interested PHARMACIES: Please submit your information [here](#).

To be considered, **responses must be received by 11:59PM EST on April 8<sup>th</sup>, 2022.**

For questions, email PQA's Performance Measurement Team at [measuredev@PQAalliance.org](mailto:measuredev@PQAalliance.org).



## Appendix A: Data Elements Required for Measure Calculation

Measure	Data Element	Description
<b>Cross-Cutting</b>	Age	Date of birth field or numerical age
	Pharmacy ID	Field to designate unique pharmacy identifier (e.g., pharmacy NPI)
	Payer ID	Field to designate the ID for the patient's prescription/medical coverage. May also include plan ID, line of business, or other related enrollment information
<b>A1c Improvement and Control</b>	A1c Value	A1c value must be available for all tests during the year, could be a field where the pharmacist enters a free text value or a code (e.g., CPT/HCPCS/SNOMED/LOINC) indicating a value range and associated date
	Diabetes Medication	NDC or RxNORM representing diabetes medications received by the patient from the pharmacy
	Exclusions: Hospice, Palliative Care, Frailty, Advanced Illness, Polycystic Ovary Syndrome, Gestational Diabetes, Steroid-induced Diabetes Note: final list of exclusions TBD	Standardized code (e.g., ICD, CPT, HCPCS) representing the specific exclusion; value sets will be provided
<b>Blood Pressure Improvement and Control</b>	Blood Pressure Value	Blood pressure value must be available for readings during the year
	Antihypertensive Medication	NDC or RxNORM representing antihypertensive medications received by the patient from the pharmacy
	Exclusions: Hospice, Palliative Care, Frailty, Advanced Illness, End-Stage Renal Disease, Dialysis, Nephrectomy, Kidney Transplant, Pregnancy Note: final list of exclusions TBD	Standardized code (e.g., ICD, CPT, HCPCS) representing the specific exclusion; value sets will be provided